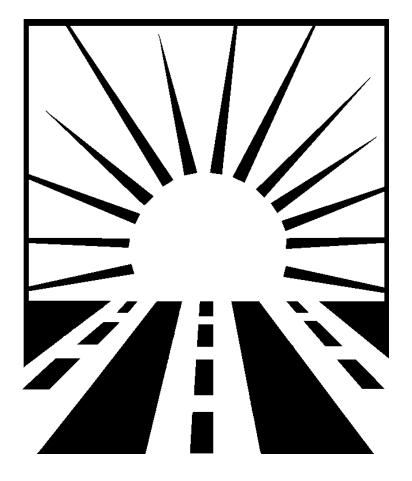
# Smog Check Consumer Assistance Program



The Consumer Assistance Program offers three options to help California consumers whose vehicles need Smog Check repairs to bring them into compliance with California emissions standards. These options not only aid consumers, but help clean California's air by reducing vehicle emissions.

The following options are now available: *Repair Assistance*, *Vehicle Retirement*, and *Repair Cost Waiver*. Look inside for more details.

# **Smog Check Consumer Assistance Program**

If your vehicle needs help meeting California's clean air standards, the California Department of Consumer Affairs/Bureau of Automotive Repair may be of help. You may be eligible for assistance in paying for repairs, or paid to retire the vehicle, or receive a two-year repair waiver.

#### (1) Repair Assistance

Income-Eligible: You may qualify for assistance in paying for repairs if your household income is not more than 185% of the federal Poverty Guidelines (see Table 1). If you qualify, you must pay the first \$20 toward diagnosing and repairing your vehicle's emissions-related problems. The state will then contribute up to \$500 in emissions-related diagnostic and repair services to your vehicle.

-OR-

Test-Only Eligible: You may also qualify for assistance if your registration renewal notice indicates that your vehicle is required to have its Smog Check inspection at a Test-Only station. If you qualify, you must pay the first \$100 to diagnose and repair your vehicle's emissions-related problems. The state will then contribute up to \$500 in emissions-related diagnostic and repair services to your vehicle. (If you apply, and qualify, for income-eligible assistance, you will only have to pay the first \$20 toward diagnosing and repairing your vehicle.)

Table	Table 1 — Poverty Guidelines				
Number of People in Household*	Maximum ANNUAL Gross Household Income	Maximum MONTHLY Gross Household Income			
1	\$15,448	\$1,287			
2	\$20,813	\$1,734			
3	\$26,178	\$2,182			
4	\$31,543	\$2,629			
5	\$36,908	\$3,076			
6	\$42,273	\$3,523			
7	\$47,638	\$3,970			
8	\$53,003	\$4,417			
For more than 8, add the following amount for each individual:	\$ 5,365	\$ 447			

<sup>\* &</sup>quot;Household" means all family members or other persons who reside together and share common living expenses — BE SURE TO INCLUDE YOURSELF!

#### (2) Vehicle Retirement

If you don't feel your vehicle is worth repairing, the state will pay you \$1,000 to voluntarily retire it. You must not have retired a vehicle through the Consumer Assistance Program within the preceding 12-month period.

#### To qualify for either Repair Assistance or Vehicle Retirement, your vehicle:

- ★ Must be required, every other year, to obtain a Smog Check certificate as a condition of registration.
- Must be a passenger car or light- to medium-duty truck that is currently registered as an operable vehicle with the Department of Motor Vehicles. (For Vehicle Retirement, your vehicle must have been continuously registered in California for at least the last two years).
- ★ Must not have a tampered emission-control system.
- ★ Must not be in the process of being sold or being registered for the first time.
- ★ Must need assistance to meet Smog Check requirements.

If you are interested in applying for Repair Assistance or Vehicle Retirement, please complete the attached application. The Bureau of Automotive Repair must receive a completed application not later than 90 days after the expiration date of the vehicle's registration with the Department of Motor Vehicles.

#### (3) Repair Cost Waiver

You may be able to register your vehicle, even if it does not pass its Smog Check inspection, with an extension that gives you two years to complete necessary emissions-related repairs. To qualify, you must spend at least \$450 on the repairs at a licensed Smog Check station. You do not need to complete the application to schedule an appointment. For more information, call **1-800-622-7733**.

# Repair Assistance: "Income-Eligible" Applicants

#### 1) Make sure you and your vehicle qualify.

Your application must be approved by the Consumer Assistance Program prior to receiving assistance. Do not have emissions-related repairs performed on your vehicle until you have received a CAP letter of eligibility. Refer to page 2 for vehicle and owner qualifications.

#### 2) Fill out the application.

Be sure to check the **REPAIR ASSISTANCE**: **INCOME-ELIGIBLE APPLICANT** box in Section 1. Then, completely fill out Sections 2–5, and sign the back of the application.

#### 3) Mail the application and required documents.

Include the following documents with your application:	
☐ A copy of your current vehicle registration card.	

- ☐ A copy of your current vehicle renewal notice from DMV.
- ☐ A copy of the Vehicle Inspection Report from your vehicle's Smog Check inspection.
- ☐ A copy of your California Driver's License or Identification Card.
- Copies of all emissions-related repair invoices (if any).
- ☐ Copies of documents that verify your income level eligibility:
  - \* A copy of your federal or state income tax form (Form 1040 or 540) from the most recent year.

- OR -

\* A pay stub reflecting year-to-date earnings, hours worked, and hourly wage.

- OR -

- \* A letter from the issuing agency stating that you receive <u>one</u> of these benefits:
  - Supplemental Security Income (SSI).
  - Temporary Assistance for Needy Families (TANF).
  - State Supplemental Payments (SSP).
  - General Assistance (GA) or General Relief (GR).
  - Publicly subsidized medical coverage (Medicare, Medi-Cal, etc.).

- OR -

- \*A copy of <u>one</u> of the following income verification documents:
  - An unemployment, veterans benefits, or disability check issued within the past 60 days.
  - A monthly bank statement issued within the past 60 days reflecting direct deposit of Social Security or Public Assistance.

# 4) Once your application is approved...

You will receive an eligibility letter and additional information about where you can take your vehicle for repair assistance.

# Repair Assistance: "Test-Only Station" Applicants

#### 1) Make sure you and your vehicle qualify.

Your application must be approved by the Consumer Assistance Program prior to receiving assistance. Do not have emissions-related repairs performed on your vehicle until you have received a CAP letter of eligibility. Refer to page 2 for vehicle and owner qualifications.

#### 2) Fill out the application.

Be sure to check the **REPAIR ASSISTANCE: TEST-ONLY STATION APPLICANT** box in Section 1. Then, completely fill out Sections 2–4, and sign the back of the application.

#### 3) Mail the application and required documents.

Include the following documents along with your application:

A copy of your current vehicle registration card.
 A copy of your current vehicle renewal notice from DMV.
 A copy of the Vehicle Inspection Report from your vehicle's Smog Check inspection.
 A copy of your California Driver's License or Identification Card.

☐ Copies of all emissions-related repair invoices (if any).

#### 4) Once your application is approved ...

You will receive an eligibility letter and additional information about where you can take your vehicle for repair assistance.

# **Vehicle Retirement Applicants**

### 1) Make sure your vehicle qualifies.

Your application must be approved by the Consumer Assistance Program prior to receiving assistance. Refer to page 2 for vehicle and owner qualifications.

# 2) Fill out the application.

Be sure to check the **VEHICLE RETIREMENT APPLICANT** box in Section 1. Then, completely fill out Sections 2, 3, and 6; and sign the back of the application.

# 3) Mail the application and required documents.

Include the following documents with your application:

 $\Box$  A copy of your current vehicle registration card.

 $\Box$  A copy of your current vehicle renewal notice from DMV.

☐ A copy of your vehicle's Certificate of Title ("pink slip").

☐ A copy of the Vehicle Inspection Report from your vehicle's Smog Check inspection.

☐ A copy of your California Driver's License or Identification Card.

# 4) Once your application is approved...

You will receive a phone call and additional information about how to retire your vehicle.

If you have questions regarding this application or need assistance completing it, please call:







# SMOG CHECK CONSUMER ASSISTANCE PROGRAM APPLICATION

(To Be Completed by Applicant)



Please fill out the application completely. Incomplete applications cannot be processed.

Section 1 — APPLICATION SELECTION							
Please check one:							
REPAIR ASSISTANCE: INCOME-ELIGIBLE APPLICANT — If this box is checked, complete Sections 2-5, and sign the back of the application.							
	REPAIR ASSISTANCE: TEST-ONLY STATION APPLICANT — If this box is checked, complete Sections 2-4, and sign the back of the application. (Note: Test-Only referrals who qualify should apply for Income-Eligible assistance.)						
VEHICLE	E RETIREMENT APPLICA	NT — If this bo	ox is checked, compl	ete Sections 2, 3, &	6, and sign t	he back of the	application.
	S	ection 2 -	— APPLICA	NT INFORMA	ATION		
First Name		M.I.	Last Name		California Driver's License or I.D. Number		r I.D. Number
Street Address		Apt.	City		ZIP		Daytime Phone Number
Best Time to Conta	act You Between 8 a.m. and 5 p	o.m.	1		I	1	
		Section 3	B — VEHICL	E INFORMAT	ION		
Vehicle Year M	lake	Model		Odometer Reading		California License Plate Number	
Vehicle Identification	on Number (VIN)	Vehicle Registrati	ion Expiration Date	iration Date Date of Failed Smog		check (if applicable) Date of Repair Cost W or Economic Hardship Extension	
	Sect	ion 4 — \	VEHICLE RE	PAIR INFOR	MATIO	N	
I have spent \$	S on emiss	sions-related r	epairs at				(Attach invoices.)
				(Station N	lame)		
		Section	5 — INCOM	E INFORMAT	TION		
Number of people living in household (include yourself)  Head of Household? (Please check one)  Yes No Step 2 — Determine whether you are eligible							
Step 1 — Add the Total Gross Monthly Income for all household members, including yourself			(A) Total Gross Monthly Income		\$		
Wages	Wages \$						
Welfare/Unemployment Payments \$			(B) From Table 1 enter maximum \$ MONTHLY household income		\$		
Social Secur	rity Payments	\$					
	Temporary Assistance for Needy Families Payments  \$ If the amount on Line A exceeds the amount o					ssistance. If the	
Other Income	Other Income \$   amount on Line A is less than or equal to the amount on Line B, please sign the back of this application. Be sur					plication. Be sure	
Total Gross Monthly Income \$ to provide copies of the documents that verify elig along with your application.					at verity eligibility		

CAP-APP (07/00) Continued on back

#### Section 6 — VEHICLE REQUIREMENTS FOR RETIREMENT

	VELVOLE FOLUDMENT DECLUDEMENTO
	ZEHICLE EQUIPMENT REQUIREMENTS:
	Hood lid is present (it may be held down with the use of ropes, wires, tape, etc.).
	Dashboard is present (it does not need to be completely intact).
	Windshield is present and does not contain major defective conditions (e.g., cracks or holes) that would impair the driver's vision.
	At least one side window glass is present (the rear window may be missing).
	Driver's seat is present.
	At least one bumper is present.
	1 Interior pedals are operational.
	Exhaust system is present.
	Side and/or quarter panels are present.
	At least one headlight, one taillight, and one brake light are present.
٧	EHICLE OPERATIONAL REQUIREMENTS:
	Vehicle must be driven to an approved dismantler site under its own power.
	Vehicle engine starts readily through ordinary means without the use of starting fluids or external booster batteries.
	Vehicle driveability is not affected by any body, steering, or suspension damage.
	Vehicle is able to drive at least 10 yards in forward and reverse.
	Brakes are operational.
e g to	acknowledge that the information provided on this application will be used to assess and verify my ligibility for assistance. My signature gives consent for this information to be shared with other government agencies. I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information on this application is true and correct. I understand that submitting false information may result in a criminal conviction or in a civil penalty of not less than

\$150 and not more than \$1,000, and that I will not be eligible to receive future assistance. I further understand and agree that if my vehicle does not meet all program requirements, it will not be permitted into the Consumer Assistance Program.

Registered Owner's Signature:	Date:
Joint Owner's Signature:	Date:

Mail your application and required documents to:



(Vehicle Retirement Only)

**Bureau of Automotive Repair Smog Check Consumer Assistance Program** P.O. Box 15559 Sacramento, CA 95852-0559